#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

### **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

#### **Facility Information**

Facility Name: MYSTIC CREEK LLC (0010884)

Address: 12489 STATE HWY 56, VIOLA, WI 54664

**License Status: REGULAR** 

Licensed/Certified/Registered 03/01/2005

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History** 

Compliance

Verified

Corrected

Survey ID: 0095518 End Date: 08/05/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008272 Served 09/15/2005

Deficiencies Cited Subject Area

88.11(1) REPORTING OF ABUSE AND NEGLECT

Survey ID: 0094430 End Date: 02/25/2005 Type: INITIAL Purpose: SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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**Complaint History** 

Date Complaint Received: 07/27/2005 Date Investigation Completed: 09/12/2005

Subject Area(s)ResultSOD #ABUSESUBSTANTIATED10008272

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